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Pg 1 of 9 UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

N RE: BOONE, MURIEL		} } }	CASE NUMBER: 14-22993(RDD)
DEBTOR.		}	CHAPTER 11
DEI	STOR'S MONTHLY OPER	ATING RE	SPORT (INDIVIDUAL)
FROM	1-May-15	E PERIOD TO	5/31/2015

Dated: __ 9-Jul-15

Robert L. Reda

Attorney for Debtor

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SUMMARY OF	CASH RECEIPTS AND CASH DISRUPSEMENT	rc

Case Name: Muriel Boone	
Case Number: 14-22993(RDD)	

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contai

	Month MAY	Cumulative Total
CASH- Beginning of Month (Household)	\$20,360.64	
CASH- Beginning of Month (Business)		\$20,360.64
		\$0.00
Total Household Receipts	\$4,774.00	
Total Business Receipts		
Total Receipts	\$4,774.00	
Total Household Disbursements	\$10,534.19	
Total Business Disbursements		
Total Disbursements	\$10,534.19	
NET CASH FLOW (Total Receipts minus Total		
Disbursements)	(\$5,760,19)	
· · · · · · · · · · · · · · · · · · ·		
CASH- End of Month (Individual)	\$14,600.45	
CASH- End of Month (Business)		

CALCULATION OF DISBURS	EMENTS FOR UNITED	STATES TRUSTEE QUARTERLY FEES
		WARTERLY FEES
from the Business Account to the Household		
Account (i.e., Salary Paid to Debtor or Owner's	•	
CALCULATION		

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This 9th_day of February 2015.

/s/ Muriel Boone Debtor's Signature

SCHEDULE OF HOUSEHOLD CASH RECEIPTS AND CASH DISBURSEMENTS

	Month	Cumulative
CASH - Beginning of Month	MAY	Total
	\$20,360.64	\$20,360.64
CASH RECEIPTS		
Salary or Cash from Business		
Wages from Other Sources (attach list to this report)		\$0.00
Interest or Dividend Income	 	\$0.00
Alimony or Child Support	-	\$0.00 \$0.00
Social Security/Pension/Retirement	\$1,200.00	\$1,200.00
Sale of Household Assets (attach list to this report)		\$0.00
Loans/Borrowing from Outside Sources (attach list to this report) bank charges/misc		\$0.00
Other (specify) (attach list to this report)	\$74.00	
RENTAL INCOME		\$0.00
TOTAL RECEIPTS	\$3,500.00	\$3,500.00
	\$4,774.00	\$4,774.00
CASH DISBURSEMENTS	<u> </u>	
Alimony or Child Support Payments		
Charitable Contributions		\$0.00
Gifts		\$0.00
		\$0.00
Household Expenses/Food/Clothing	\$5,698.89	\$5,698.89
Household Repairs & Maintenance	\$62.06	\$62.06
Insurance	\$2,900.00	\$2,900.00
IRA Contribution	\$0.00	\$0.00
Lease/Rent Payments	\$0.00	
Medical/Dental Payments	\$0.00	\$0.00
Mortgage Payment(s)	\$0.00	\$0.00
Other Secured Payments	#0.00	\$0.00
Taxes - Personal Property	\$0.00	\$0.00
Taxes - Real Estate	\$0.00	\$0.00
Taxes Other (attach schedule)	\$0.00	\$0.00
Travel & Entertainment	\$0.00	\$0.00
Tuition/Education	\$0.00	\$0.00
	\$0.00	\$0.00
Utilities (Electric, Gas, Water, Cable, Sanitation) Vehicle Expenses	\$1,006.88	\$1,006.88
	\$32.41	\$32.41
Vehicle Secured Payment(s)	\$0.00	\$0.00
U. S. Trustee Quarterly Fees	\$0.00	\$0.00
Professional Fees (Legal, Accounting)	\$650.00	\$650.00
Other (attach schedule) BANK SERVICE CHARGES	\$183.95	\$183.95
UPPLIES	\$103.55	
IISC	\$0.00	\$0.00
	\$0.00	
otal Household Disbursements		610.524.10
	\$10,534.19	\$10,534.19
ASH - End of Month (Must equal reconciled bank		
atement-Attachment No. 2)	014.000	ł
	\$14,600.45	

\$2,198.89 \$2,000.00 \$1,500.00 \$5,698.89

TOTAL

SCHEDULE OF BUSINESS CASH RECEIPTS AND CASH DISBURSEMENTS

	Month	Cumulative
CASH - Beginning of Month		Total
BUSINESS CASH RECEIPTS		
Cash Sales		
Account Receivable Collection		
Loans/Borrowing from Outside Sources (attach list to this repor		
Rental Income	<u> </u>	
Sale of Business Assets (attach list to this report)		
Other (specify) (attach list to this report)		
Total Business Receipts		
BUSINESS CASH DISBURSEMENTS		
Net Payroll (Excluding Self)		
Salary Paid to Debtor or Owner's Draw (e.g., transfer to		
Household Account)		
Taxes - Payroll		
Taxes - Sales		
Taxes Other (attach schedule)		
Contract Labor (Subcontractors)		
Inventory Purchases		
Secured/Lease Payments (Business)		
Utilities (Business)		
Insurance		
Vehicle Expenses		
Travel & Entertainment		
Repairs and Maintenance		
Supplies		
Charitable Contributions/Gifts		
Purchase of Fixed Assets		
Advertising		
Bank Charges		
Other (attach schedule)		
otal Business Disbursements		
ASH - End of Month (Must equal reconciled bank statement - ttachment No. 2)		

MONTHLY OPERATIN	G REPORT
INDIVDUAL	

QUESTIONNAIRE		
Have any assets been sold or transferred outside the normal course of business during this reporting period?	YES*	NO
Have any funds been disbursed from any account other than a debtor in possession account?		X
Are any post-petition receivables (accounts, notes, or loans) due from any relatives, insiders, or related party?	x	<u> </u>
Have any payments been made on pre-petition liabilities this reporting period?		X
Have any post-petition loans been received by the debtor from any party?		х
Are any post-petition payroll taxes past due?		X
Are any post-petition state or federal income taxes past due?		X
Are any post-petition state or local sales taxes past due?	x	.
Are any post-petition real estate taxes past due?		Х
Are any amounts owed to post-petition creditors/vendors delinquent?		х
Are any wage payments past due?	х	ļ

^{*}If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION		
1. Are real and personal property, vehicle/auto, general liability, fire, theft, worker's	YES	NO*
compensation, and other necessary insurance coverages in effect? 2. Are all premium payments current?	x	
*If the enswer to any of the l	x	

If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATIO	N OF INSURANCE		<u> </u>
TYPE of POLICY and CARRIER COLONY INSURANCE	Period of Coverage	Payment Amount and Frequency	Delinquency Amount
CAMBRIDGE BROKERAGE	11/19/2013 11/19/2014	0 MONTHLY	0
	7/28/2014 7/28/2015	0 ANNUAL	0
Ch. 11 (0x)			· · · · · · · · · · · · · · · · · · ·
Check here if United States Trustee has been listed a a Certificate Holder on all po-	licies of insurance.		

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD: Opened the Debtor in Possesion bank account.

Debtor has yet to receive checks from First Niagra for the Debtor in possession account. This has caused Ms. Boone to keep her personal checking account open.

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement: _

Investment Account Information

Bank / Account Name / Number

Type of Instrument

Purchase Price

Current Value

Current Value

Note: Attach a copy of each investment account statement.

BANK ACCOUNT RECONCILIATIONS

ATTACHMENT NO. 2

	Account #1	Account	Account	Account
Name of Bank:		7.#	#3	#4
	FIRST NIAGARA	ESCROW ACC'T	ESCROW ACCT	ESCROW ACCT
Account Number:	7806677076			ESCNOW ACCI
Purpose of Account (Business	/50000/	12050291	12050291	9846704832
Poos of Assessant (Dusiness/Personal)	DIP	ATTY TRUST ACCT	ATTV TRUCT ACCT	
Type of Account (e.g. checking)	CHECKING			IOLA
		CHECKING	CHECKING	CHECKING
1. Balance per Bank Statement				
2. ADD: Deposits not credited (attach time.	\$223.14	\$15,433.23	\$144.81	31 035 13
Office of the second se	\$4,774.00	\$0.00	9	7.500
5. SUBIKACI: Outstanding Checks (attach list)	\$3 48A 10		\$0.00	\$0.00
4. Other Reconciling Items (attach list to this report)	÷ ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	00.000,00	\$0.00	\$2,000.00
S. Month End Relance (Mart)	\$0.00	\$0.00	\$0.00	2
(Ivius, Agree with Books)	\$1,512.95	\$10 383 23		\$0.00
TOTAL OF ALL ACCOUNTS		***************************************	\$144.81	\$2,559.46
				\$14 600 45
				## 13000.TO
arconni	nk reconciliation for each coccura			

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MONTHLY OPERATING REPORT -INDIVIDUAL

ATTA	CHMENT NO.	3A
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Account Number	7806647926		
Purpose of Account (Personal)	DIP		
Type of Account (e.g., Checking)	CHECKING		

Check	Date of			
Number	Check	Payee	Purpose or Description	Amount
410	5/1/2015	home depot	REPAIRS	(\$62.06)
412	05/04/15		food/clothing	(\$48.89)
EFT	05/07/15	mureil boone	food/clothing	(\$300.00)
EFT	05/09/15	mureil boone	food/clothing	(\$100.00)
EFT	05/29/15	BANK SERVICES	BSC	
EFT	05/11/15	ORANGE & ROCKLAMD	UTILITIES	(\$183.95)
EFT	05/12/15	mureil boone	food/clothing	(\$639.86)
EFT	05/21/15	ONSTAR	AUTOMOBILE	(\$150.00)
EFT		mureil boone	food/clothing	(\$32.41)
EFT	05/23/15	mureil boone		(\$300.00)
EFT	05/26/15	mureil boone	food/clothing	(\$300.00)
EFT	05/27/15	ORANGE & ROCKLAMD	food/clothing	(\$500.00)
EFT	05/27/15	ORANGE & ROCKLAMD	UTILITIES	(\$241.47)
EFT	05/28/15	muriel boone	UTILITIES	(\$125.55)
EFT	05/20/15	munei boone	food/clothing	(\$300.00)
	03/26/15	mureil boone	food/clothing	(\$200.00)
				
				
<u> </u>				
				
<u></u>				

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INDIVIDUAL Pg 8 of 9
ATTACHMENT NO. 3B

CASH DISBURSEMENTS DETAILS - HOUSEHOLD

Name of Bank	Escrow Accept	
Account Number	9846704832	
Purpose of Account (Business)		
Type of Account (e.g., Checking	atty trust acct	

ı	Check	Date of		
ı	Number	Check	Payee Irpose or D	escripti Amount
	3377	5/11/2015	MURIEL BOO FOOD/CLC	Amount
	0011	0/11/2013	MOVIER BOO FOOD/CFC	THING -2000

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		<u> </u>		
	 	 		
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· — —				
<u> </u>				
		1		
				(\$0,000,00)
				(\$2,000.00)

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

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FOOD/CLOTHING

insurance legal fees

(\$2,900.00) (\$650.00)

CASH DISBURSEMENTS DETAILS - PERSONAL

Name of Bank	ESCROW ACC'T	
Account Number	12050291	
Purpose of Account (PERSONAL	12030231	
Type of Account (e.g., Checking)	ATTY TRUST ACCT	

Check	Date of	, 				
Number	Check	Payee	Purnoge or Dana day	_	ì	
17587	5/12/2015	united states frust	Purpose or Description	Amount	ļ	
17761	5/29/2015	muriel boone	chapter 11 fees food/clothing	(\$650.00)	1	FOOD/CLOTH
17702	5/29/2015	keegan insurance	insurance	(\$1,500.00)		(\$1,500.00)
17703	5/29/2015	keegan insurance	insurance	(\$1,400.00)		
			modrance	(\$1,500.00)	TOTAL	(\$5,050.00)
						-
						•
				 -		
				-5050.00		

	-5050,00
If any checks written this period have not been delivered to the payee, provide details holding check and anticipated delivery date of check.	, including the payee, amount, explanation for